City of Gaithersburg   301-258-6350   www.gaithersburgmd.gov   Activity # 44118
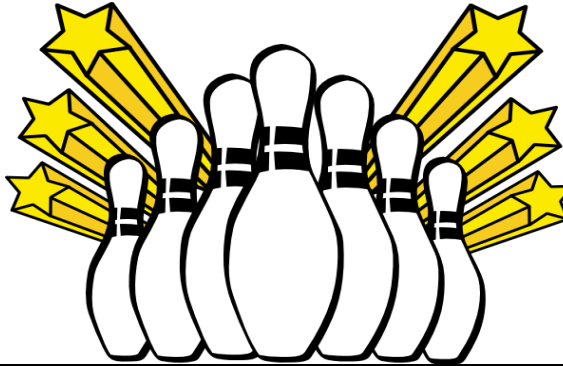
Student Union Bowling!

Cost does NOT include lunch.
Please bring a bag lunch or money for food.
SPACE IS LIMITED!

Student Union, Grades 9-12

Pick-up/Drop off at the
Activity Center at Bohrer Park
Destination - Bowl America

Monday, January 25, 2016
11:00am - 2:00pm

$10/Student Union Members
Checks made payable to the City of Gaithersburg.
Visa, MasterCard, AmEx and Discover cards accepted.

G
Gaithersburg
A CHARACTER COUNTS! City

Questions?
Contact Maura Dinwiddie at
301-258-6350 x168
506 South Frederick Avenue
Gaithersburg, MD 20877
mdinwiddie@gaithersburgmd.gov

Student Union Field Trip - Bowling - 1/25/16

☐ Check here if new address/phone since last time registered.

Payer's Last Name_____ Payer's First Name_____

Address _____City/State/Zip_____

Home Phone_____ Work Phone _____ City Resident ☐ Nonresident ☐

Email_____

Participant's Name	Sex M/F	Birthdate M/D/Y	Activity Name	Activity #	Location	Grade	School	Fee
			Bowling	44118	ACBP			
			Bowling	44118	ACBP			

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

_____   _____
Print Parent/Guardian Name   **Signature of Parent/Guardian**

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y**☐ **N** ☐
Please specify:

_____

Amount Paid $ _____ Cash ☐ Check # _____
Visa/MC# _____ Exp. Date ___/___
Signature (name on card) _____
Print Name_____

Office Use Only: # 44118
Rec'd:_____ Initials _____
W P M F   Resident: Y N
Pr: _____ Date:_____